Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 10/614,511

CLAIMS AS FILED – PART I

		(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))					$	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))		16 minus 20 =		X $____ =		OR	X $____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		3 minus 3 =		X $____ =		OR	X $____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ $____ =		OR	+ $____ =	
If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL	

CLAIMS AS AMENDED – PART II

8/9/07

(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDITIONAL FEE
Total	17 Minus	20	=	X $____ =		OR	X $____ =	
Independent	3 Minus	3	=	X $____ =		OR	X $____ =	
PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $____ =		OR	+ $____ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	Minus		=	X $____ =		OR	X $____ =	
Independent	Minus		=	X $____ =		OR	X $____ =	
PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $____ =		OR	+ $____ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	Minus		=	X $____ =		OR	X $____ =	
Independent	Minus		=	X $____ =		OR	X $____ =	
PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $____ =		OR	+ $____ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.